

## DECLARATION OF QUARTERLY ESTIMATED TAX

For First Quarter 2017

## **Taxpayer Information**

NAIC Code:		
Company:		
Address:	_	
City:	State:	
<u>P</u>	Person to Contact Regarding Th	is Report
Name:		
Phone:		
	Filing Summary	
Select One:		
Quarterly amounts are based on 100% of 2016 Premium Tax: \$ (2016 taxes p -OR-		(2016 taxes paid)
	unts are based on 90% of the amount d	lue in the current taxable year as stated
Quarterly Payment History for 2		
Due Date	Quarterly Amount	Date Paid
April 15	\$	
June 15	\$	
September 15	\$	
December 15	\$	
Check Number:		
*ACH Payment #:		
State of Domicile:		
Date Paid:		
Preparer's Signature:		
Preparer's Printed Name:		

<sup>\*</sup> ACH Credit payment instructions can be obtained by emailing shelly.johnson1@maryland.gov